

The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 50-0890 for any matter in connection with this response, including any fee for extension of time, which may be required.

Respectfully submitted,

Date: December 24, 2001

By: Gerald B. Rosenberg
Gerald B. Rosenberg
Reg. No. 30,320

285 Hamilton Avenue, Suite 520
Palo Alto, California 94301
Telephone: 650.325.2100

0400#6

United State Patent and Trademark Office
Commissioner for Patents
Att: Box Missing Parts

May 15, 2002

1. Re: Your Notices of Incomplete reply from 3/25/02 for Application number
(nonprovisional):
10/035,987 ✓
10/036,193

Please note that on April 12, 02 we submitted credit card payment of \$65 per application for Declaration surcharge via fax to phone number 703-308-7751. The above payment has not been received till today.

I assume that the reason is, since it arrived 12 days pass the deadline of 3/29/02 and 4/1/02 for respectively.


Enclosed please find payment for \$265 for each application as the payment fall under the extension for reply with in second month.

2. Re: Your Notice of Missing parts from 3/25/02 Application number
(nonprovisional):
10/035,981

Please note that on April 12, 02 we submitted payment by credit card for Declaration surcharge via fax to your phone number 703-308-7751 as given to us by Ms. Alicia Evens. This payment according to your above Notice is still within the time limit, as such please accept the \$65.00.

If there is any way you can confirm receipt of this letter by fax or email I would greatly appreciate it. The mail to Israel can get lost or severely delay and we would not like to fall to the third month extension

Sincerely


Isaac Levanon
3 Nacahl Besor
Ramat Hasharon 47204
Israel
IsaacI@2flyover.com
Ph: 1-972-3-5499405



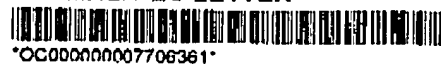
UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/035,987	12/24/2001	Isaac Levanon	FL VT3001

CONFIRMATION NO. 3638

FORMALITIES LETTER



000000007706361

Isaac Levanon
3 Nachal Besor St.
Ramat Hasharon, 47204
ISRAEL

Date Mailed: 03/25/2002

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on 03/21/2002 to the Notice to File Missing Parts (Notice) mailed 01/29/2002 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

The required items noted below SHOULD be filed along with any items required above. The filing date of this nonprovisional application will be the date of receipt of the items required above.

- Late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 was not received.
- The balance due by applicant is \$ 65.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<p style="text-align: center; font-weight: bold; font-size: small;">Complete If Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">101035, 987</td> </tr> <tr> <td>Filing Date</td> <td>12.24.2002</td> </tr> <tr> <td>First Named Inventor</td> <td>ISAAC LEVANO</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td></td> </tr> </table>		Application Number	101035, 987	Filing Date	12.24.2002	First Named Inventor	ISAAC LEVANO	Examiner Name		Group Art Unit		Attorney Docket No.	
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 50%;">(\$) 265</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$) 265										
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input type="checkbox"/> Deposit Account: _____ Deposit Account Number: _____ Deposit Account Name: _____ </p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>330</td> <td>208</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Independent</th> <th>Multiple Dependent</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>20**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; for Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	101	740	201	370	Utility filing fee		108	330	208	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$)	Total Claims		Extra Claims		Fee from below		Fee Paid		Independent	Multiple Dependent							20**								3**								Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)	<p>3. 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109	900	169	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																																											

<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (Print type)</td> <td style="width: 50%;">Nurit LEVANO</td> </tr> <tr> <td>Signature</td> <td><i>Nurit Levano</i></td> </tr> </table>		Name (Print type)	Nurit LEVANO	Signature	<i>Nurit Levano</i>	<p style="text-align: center; font-weight: bold; font-size: small;">Complete (if applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Registration No. (Attorney/Agent)</td> <td style="width: 50%;">Telephone</td> </tr> <tr> <td></td> <td>1-972-3-54745</td> </tr> <tr> <td></td> <td>Date</td> </tr> <tr> <td></td> <td>5.15.02</td> </tr> </table>		Registration No. (Attorney/Agent)	Telephone		1-972-3-54745		Date		5.15.02
Name (Print type)	Nurit LEVANO														
Signature	<i>Nurit Levano</i>														
Registration No. (Attorney/Agent)	Telephone														
	1-972-3-54745														
	Date														
	5.15.02														

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Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	399545
Attorney Docket No.		Identify or Describe Mark	Surcharge
			Patent #
			10/035-987

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0403 #6
United State Patent and Trademark Office
Commissioner for Patents
Att: Box Missing Parts

May 15, 2002

1. Re: Your Notices of Incomplete reply from 3/25/02 for Application number (nonprovisional):
10/035,987
10/036,193

Please note that on April 12, 02 we submitted credit card payment of \$65 per application for Declaration surcharge via fax to phone number 703-308-7751 as advised by MS. Alicia Evens. The above payment has not been received till today.

I assume that the reason is, since it arrived 12 days pass the deadline of 3/29/02 and 4/1/02 for respectively it fell short by \$55 due for Extension for reply within first month.

Enclosed please find payment for \$265 (65 +200) for each application as the payment fall under the extension for reply with in second month.

If on the other hand you do accepts 4/12/ 02 as payment date please charge the credit card for \$115 (65+ 55) for each application. I marked the Fee Transmittal form for credit overpayment

2. Re: Your Notice of Missing parts from 3/25/02 Application number (nonprovisional):
10/035,981

Please note that on April 12, 02 we submitted payment by credit card for Declaration surcharge via fax to your phone number 703-308-7751 as given to us by Ms. Alicia Evens. This payment according to your above Notice is still within the time limit, as such please accept the \$65.00.

If there is any way you can confirm receipt of this letter by fax or email I would greatly appreciate it. The mail to Israel can get lost or severely delay and we would not like to fall to the third month extension.

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Credit Card Account #:	3755 140911 10307			
Credit Card Expiration Date:	01/04			
Name as it Appears on Credit Card:	ISAAC LEVANO			
Payment Amount: \$(US Dollars):	\$265			
Signature:	<i>Isaac Levano</i>		Date:	5.15.02

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

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Street Address 1:	3 Nachal Besor		
Street Address 2:			
City:	Ramat Hasharon		
State:	Zip/Postal Code: 47204		
Country:	ISRAEL		
Daytime Phone #:	1-972-3-549405	Fax #:	1-972-3-5474547

Request and Payment Information

Description of Request and Payment Information:			
Fee Code: 205 & 206 for Application #10/035,987			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No. 399545
Patent No.	Patent No.	Registration No.	
Attorney Docket No.		Identify or Describe Mark	

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Credit Card Information

Credit Card Type:

Visa

MasterCard

American Express

Discover

Credit Card Account #: 3755 140911 10327

Credit Card Expiration Date: 01/04

Name as it Appears on Credit Card: ISAAC LEVANON FLYOVER TECHNOLOGIES LTD

Payment Amount: \$(US Dollars): \$65.00

Signature:

Date: April 12, 2002

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